

Major Hospital A Major Health Partner	Telemedicine Privileges (Interpretive and Interactive) MS-4
Does this policy meet a regulatory requirement? <u> X </u> Yes <u> </u> No	Formulated by: Administration Approved by: Medical Executive Committee, Patient Services & Planning, Board of Directors Date Approved: 06/28/2010 Effective Date: 06/29/2010

**PURPOSE: To establish guidelines for privileging physicians and practitioners who request telemedicine privileges.**

**DEFINITIONS: Telemedicine is the provision of clinical services to patients by physicians and practitioners from a distance via electronic communications. Telemedicine sites consist of both an originating site and a distant site. The originating site is where the patient is located at the time services are provided. The distant site is where the practitioner is located at the time the service is provided.**

**Telemedicine privileges means the authorization granted by the hospital to render a diagnosis or otherwise provide clinical treatment to a patient at this hospital through the use of electronic communication or other communication technologies.**

**GUIDELINE STATEMENTS:**

1. A member of Major Hospital’s medical staff may recommend the need for any special skill or expertise available through the use of telemedicine but not currently provided by a member of the medical staff. Telemedicine services deemed to be in the best interest of patient care and able to be provided with the use of communication technology will be considered when a need for such services has been identified.
2. The recommendation for telemedicine services will be presented to the Medical Executive Committee and the Hospital Board of Directors for approval.
3. Telemedicine physicians must hold a M.D. or D.O. degree issued by a medical or osteopathic school and be board certified or eligible to take a specialty of the ABMS, AOA or other boards duly recognized by the Medical Executive Committee and the Board of Directors.
4. Telemedicine physicians and practitioners shall possess the necessary background, experience, training and current competency.
5. Telemedicine physicians and practitioners shall maintain medical malpractice insurance as stated in the credentialing and privileging agreement between Major Hospital and the telemedicine hospital or telemedicine entity.
6. Credentialing and privileging to provide telemedicine services at Major Hospital may be through one of the following mechanisms:
  - 6.1. Major Hospital fully privileges and credentials the physicians and practitioners according to the Medical Staff Bylaws and medical staff policies and procedures
  - 6.2. By written contractual agreement with a distant-site hospital/telemedicine entity, in accordance with the requirements at §482.22(a)(1) and §482.22(a)( 2) of the Code of Federal Regulations, rely upon the credentialing and privileging decisions made by the distant-site hospital/telemedicine entity when making recommendation on privileges for the individual

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distant site physicians and practitioners providing such services. The written contractual agreement verifies the following:

- The distant-site hospital providing the telemedicine services is a Medicare participating hospital, or;
 

The distant-site telemedicine entity’s medical staff credentialing, and privileging process and standards at least meet the standards at §482.12(a)(1) through (a)(7) and §482.22(a) (1) through (a)(2) of the Code of Federal Regulations.
- The individual distant-site hospital/telemedicine entity physician or practitioner is privileged at the distant-site hospital/telemedicine entity providing the telemedicine services, provides the Hospital with a current list of the distant-site physician’s or practitioner’s privileges at the distant-site hospital/telemedicine entity.
- The individual distant-site physician or practitioner must have a current, valid Indiana professional license.
- Major Hospital shall provide distant-site hospital/telemedicine entity evidence of its internal review of each distant-site hospital/telemedicine entity-affiliated physician’s/practitioner’s performance of the privileges, for use in distant-site hospital’s /telemedicine entity’s periodic appraisal of the physicians and practitioners. At a minimum, this information must include: (i) all adverse events that result from a physician’s/practitioner’s contracted services provided to Major Hospital’s patients, and (ii) all complaints Major Hospital has received about the physician/practitioner.

6.2.1. For the granting of initial clinical privileges and for the renewal of clinical privileges that occurs no less frequently than every two (2) years, Major Hospital’s Medical Staff Office primary verifies and/or queries the following:

- Indiana license with the Indiana Professional Licensing Agency (IPLA);
- National Practitioner Data Bank; and
- OIG

6.2.2. The Medical Executive Committee will make its privileging recommendation, according to the requirements in §482.12(a)(8) and (a)(9) and §482.22(a)(3) and (a)(4) of the Code of Federal Regulations, to the Board of Directors based on credentialing and privileging information provided by the distant-site hospital/telemedicine entity.

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- 6.2.3. The granting of clinical privileges occurs no less frequently than every two (2) years, by the distant-site hospital/telemedicine entity providing telemedicine services. Upon presentation of evidence of the extension or renewal of privileges granted by the distant-site hospital/telemedicine entity, the Medical Executive Committee will make its recommendation to the Board of Directors based upon the credentialing and privileging reappointment decisions made by the distant-site hospital/telemedicine entity.
- 6.2.4. Major Hospital will be notified per the contractual agreement, of the termination of a physician's or practitioner's privileges by the distant-site hospital/telemedicine entity.
- 6.2.5. The distant-site hospital/telemedicine entity shall provide quarterly statistical information concerning the quality of physicians' and practitioner's interpretations.
- 6.2.6. Major Hospital's Medical Staff Office will maintain a file for each distant-site physician and practitioner.

## 7. Reviewing & Revising

Reviewed	Revised
03/31/15	04/25/11
	05/23/11
	06/27/11
	10/24/11
	04/29/13
	5/23/16
	11/29/19
	06/27/22

### **\*UPDATE WEBSITE WITH REVISIONS\***

8. Does this policy meet a regulatory requirement?  Yes  No
- 8.1 If Yes, state the name of the standard being met. This policy meets the following 2021 HFAP Standards: 01.01.08: Telemedicine Agreements with Distant-Site Telemedicine Entity, 03.00.02: Periodic Appraisal of Members, 03.00.08: Telemedicine Privileging Provisions Through Distant-Site Hospital Agreement & 03.00.09: Telemedicine Privileging Provisions Through Distant-Site Telemedicine Entity Agreement

### References:

Major Hospital Bylaws – Credentialing Manual Section 2.7 Telemedicine Clinical Privileges

Code of Federal Regulations §482.12(a)(8) and (a)(9) and §482.22(a)(3) and (a)(4)